

1858

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Pima State Index No. 155  
 District of \_\_\_\_\_ County Registrar No. 769  
 Town of \_\_\_\_\_ Local Registrar No. 46  
 or \_\_\_\_\_  
 City of Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Sarah Bernal { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. spo 6. Legitimate? spo 7. Date of birth Nov 13, 1923  
 Month Day Year

8. Full name of FATHER <u>Henry Bernal</u>	14. Full maiden name of MOTHER <u>Carlota Gonzalez</u>
9. Residence (Usual place of abode) <u>Hayden</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Hayden</u> If nonresident, give place and state
10. Color or race <u>Mexican</u>	16. Color or race <u>Mexican</u>
11. Age at last birthday <u>38</u> (Years)	17. Age at last birthday <u>38</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)	18. Birthplace (city or place) <u>Arizona</u> (State or country)
13. Occupation <u>Laborer</u> Nature of industry	19. Occupation <u>Housewife</u> Nature of industry
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living. <u>2</u> (b) Born alive but now dead. <u>0</u> (c) Stillborn. _____	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 7:15 p.m. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Wm. B. Stedwig, M.D. (Physician or midwife)  
 Address Hayden, Arizona

Given name added from supplemental report \_\_\_\_\_ Month, day, year. \_\_\_\_\_  
 Registrar.

Filed Nov 15, 1923 \_\_\_\_\_ Local Registrar.  
 Filed 12-7, 1923 \_\_\_\_\_ County Registrar.

223-1113-379